

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.	FILING DATE
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**APPLICANT(S)**

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
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TOTAL IND.	2					
TOTAL DEP.	33					
TOTAL CLAIMS	33					

	IND	DEP	IND	DEP	IND	DEP
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